



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE- Governor
DAVE JEPPESEN- Director

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

July 22, 2019

Mark High, Administrator
Idaho State Veterans Home - Lewiston
821 21st Avenue
Lewiston, ID 83501-6389

Provider #: 135133

Dear Mr. High:

On **July 17, 2019**, we conducted an on-site revisit to verify that your facility had achieved and maintained compliance. We presumed, based on your allegation of compliance, that your facility was in substantial compliance as of **May 31, 2019**. However, based on our on-site revisit we found that your facility is not in substantial compliance with the following participation requirements:

- **F0684 -- S/S: D -- 483.25 -- Quality of Care**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3.) **Please provide ONLY ONE completion date for each federal and state tag (if applicable) in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567 and State Form (if applicable), Statement of Deficiencies and Plan of Correction in the spaces provided and return the original(s) to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **August 1, 2019**.

The components of a Plan of Correction, as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained.
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of the federal survey report, Form CMS-2567 and the state licensure survey report, State Form (if applicable).

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

As noted in the Bureau of Facility Standards' letter of **May 10, 2019**, following the survey of **April 26, 2019**, we have already made the recommendation to the Centers for Medicare and Medicaid Services (CMS) for Civil Money Penalty, Denial of Payment for New Admissions and termination of the provider agreement on **October 26, 2019**, if substantial compliance is not achieved by that time. The findings of non-compliance on **July 17, 2019**, has resulted in a continuance of the remedy(ies) previously mentioned to you by the CMS. On **July 22, 2019**, CMS notified the facility of the intent to impose the following remedies:

- DPNA made on or after **August 6, 2019**

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

Mark High, Administrator
July 22, 2019
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If you believe the deficiencies have been corrected, you may contact please contact Laura Thompson, RN or Belinda Day, RN, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

Go to the middle of the page to **Information Letters** section and click on **State** and select the following:

- BFS Letters (06/30/11)

[2001-10 Long Term Care Informal Dispute Resolution Process](#)
[2001-10 IDR Request Form](#)

This request must be received by **August 1, 2019**. If your request for informal dispute resolution is received after **August 1, 2019**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Belinda Day, RN, or Laura Thompson, RN, Supervisors at (208)334-6626, option #2.

Sincerely,



Laura Thompson, RN, Supervisor
Long Term Care Program

lt/lj

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/17/2019
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NAME OF PROVIDER OR SUPPLIER IDAHO STATE VETERANS HOME - LEWISTON	STREET ADDRESS, CITY, STATE, ZIP CODE 821 21ST AVENUE LEWISTON, ID 83501
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000}	INITIAL COMMENTS The following deficiency was cited during the follow up survey conducted from July 16, 2019 to July 17, 2019. The surveyors conducting the survey were: Cecilia Stockdill, RN, Team Coordinator Monica Meister, QIDP, MEd	{F 000}		
{F 684} SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff and family interview, policy review, and record review, it was determined the facility failed to ensure medications were administered according to physician orders and professional standards of care. This was true for 2 of 3 residents (#34 and #37) reviewed for administration of respiratory medications. This failure created the potential for harm should residents experience adverse effects from respiratory medications. Findings include: The facility's policy for Medication Administration and Medication Orders, revised January 2015, documented the following:	{F 684}	1. Resident #34's inhaler medications were reviewed by his primary physician and a decision was made to discontinue this medication, thus no further action is needed at this time. Resident #37's ability to successfully self-administer his inhaler medication according to administration guidelines/orders was re-assessed and it was determined he is capable of self-administration with nursing supervision. 2. All current residents with steroid inhaler orders, current residents who may receive new orders for steroid inhaler(s),	7/25/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/25/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 684}	Continued From page 1 * For administration of Metered Dose Inhalers (MDI), wait at least one minute between puffs of the same medication. * When using a steroid MDI, after completing the inhalation, instruct the resident to gargle or rinse their mouth with water. This policy was not followed. 1. Resident #34 was re-admitted to the facility on 5/14/19, with multiple diagnoses including Chronic Obstructive Pulmonary Disease (COPD) and chronic bronchitis. Resident #34's quarterly Minimum Data Set (MDS) assessment, dated 5/28/19, documented he was moderately cognitively impaired. Resident #34's physician orders, dated 7/17/19, included Symbicort (an inhaled medication which contains a steroid) one puff in the morning related to COPD, and instructed staff to "...supervised self-administration. Rinse mouth after use." On 7/17/19 at 8:45 AM, RN #1 was observed administering medications to Resident #34. RN #1 handed the Symbicort inhaler to Resident #34, who pressed on the inhaler and inhaled one puff of the medication, then promptly inhaled a second puff of the medication. RN #1 quietly said that was more than one puff, then handed a glass of water to Resident #34 and instructed him to rinse his mouth. RN #1 walked towards the sink in the room with her back to Resident #34. Resident #34 then picked up a medication cup	{F 684}	and all future residents admitted with steroid inhalers have the potential to be impacted by the deficient practice. Current residents with orders for steroid inhalers were assessed for their ability to successfully self-administer the medication with nursing supervision. The results of this assessment were reviewed with the primary physician and orders and care plan interventions were instituted to reflect the residents' capabilities. Licensed Nurses were in-serviced related to the need to promptly notify the RN Manager and/or DNS and/or the resident's primary physician if the ability to self-administer this medication changed. They were also in-serviced related to following orders as written and to make sure to observe/supervise residents when self-administering a medication. 3. Systems put into place to ensure compliance with regulatory requirement: a. Our current Self-Medication Assessment was revised to add under the inhaler section an assessment of the resident's ability to "rinse after use of a steroid inhaler" and whether the "resident is able to administer the correct ordered dosage". This assessment will be completed with any new orders, on residents who are admitted with steroid inhaler orders, on a resident who are experiencing a change of condition/administration capability and no less than quarterly in conjunction with the		

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{F 684}	<p>Continued From page 2</p> <p>from his bedside tray, took a white pill from the pill cup and swallowed the pill with a small sip of water. Resident #34 did not rinse out his mouth after using the Symbicort inhaler.</p> <p>At 8:55 AM on 7/17/19, RN #1 said Resident #34 took two puffs from his inhaler before she could stop him, and said she gave him water and told him to rinse his mouth. RN #1 said she did not see whether he rinsed his mouth.</p> <p>On 7/17/19 at 8:15 AM, the Director of Nursing (DON) said rinsing out the mouth should involve moving water around inside the mouth. The DON said Resident #34 was able to administer the inhaler himself, but it might be at the point where it was necessary for staff to administer the inhaler instead.</p> <p>2. Resident #37 was re-admitted to the facility on 11/23/18, with multiple diagnoses including bronchitis.</p> <p>Resident #37's quarterly MDS assessment, dated 6/4/19, documented he was moderately cognitively impaired.</p> <p>Resident #37's physician orders, dated 7/17/19, included Symbicort two puffs twice a day related to acute bronchitis, and instructed staff to "Wait one minute between puffs. Rinse mouth after use."</p> <p>On 7/17/19 at 8:10 AM, LPN #1 was observed administering medications to Resident #37. LPN #1 administered one puff of the Symbicort inhaler to Resident #37 then promptly administered another puff of the inhaler without waiting one</p>	{F 684}	<p>MDS schedule. In the event the resident is unable to complete the administration requirements, the resident's current primary physician will be notified for further action/follow-up.</p> <p>b. Our Admission Checklist was revised to include the Self-Administration of Medication Assessment on all residents admitted with inhaler/nebulizer orders.</p> <p>c. Medication Administration Nursing Procedures were review and updated to reflect the above medication administration requirement (wait one minute between puffs, rinse mouth after of a steroid inhaler/nebulizer).</p> <p>4. An audit tool will be used to assess a resident's ability to self-administer inhaler medications successfully and to ensure the licensed nurse supervises the administration the medication as ordered. This audit will be done weekly on five residents with steroid inhaler orders x 4 and monthly x 3 by the DNS/IDNS or designee and the results presented at the monthly QAPI meeting for further evaluation.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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{F 684}	<p>Continued From page 3</p> <p>minute in between puffs. LPN #1 then administered two sips of water to resident #37. LPN #1 did not instruct or assist Resident #37 to rinse his mouth after using the inhaler.</p> <p>On 7/17/19 at 8:30 AM, LPN #1 said she did not wait one minute between administering each puff of the Symbicort inhaler to Resident #37. LPN #1 said Resident #37 had some difficulty with the inhaler, and he was not cognitively able to understand or participate in rinsing out his mouth.</p> <p>On 7/17/19 at 11:40 AM, Resident #37's wife said she did not think he was able to rinse out his mouth on command, and he needed assistance to rinse out his mouth.</p> <p>On 7/17/19 at 3:35 PM, the DON said LPN #1 reported to her Resident #37 had difficulty with the inhaled medication, and she might not be able to get him to take two puffs if she did not give them closely together.</p>	{F 684}		